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To: PCT Legal Office
From: Kim Blair
Date: April 6, 2009
Re: 10/516,480

I am enclosing a request for an updated filing receipt. If you have any questions, please do not hesitate to let me know. I can be reached at 303-581-7032. I appreciate your assistance with this matter.

Thank you.

Sincerely,

A handwritten signature in black ink that appears to read "Kim Blair".

Kim Blair
303-581-7032

PATENT APPLICATION
Docket No.:2134 CONCIP (203-2402)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Steven P. Buysse et al

Examiner: Diane D. Yabut

Serial No.: 10/516,480

Group: Art Unit: 3734

Filed: 10/05/2005

Docket: 2134CONCIP

For: Laparoscopic Bipolar Electrosurgical Instrument

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED FILING RECEIPT

Sir:

Please provide a Corrected Filing Receipt for the above mentioned case.

The current one we have, dated 09/13/2006, does not include any of the inventors listed on the final page of the Combined Declaration and Power of Attorney (please see attached).

Respectfully submitted,



Thomas Beaton
Reg. No. 46,543

Covidien
60 Middletown Avenue
North Haven, CT 06473
Tel.: 303-581-6831
Fax: 303-581-6632



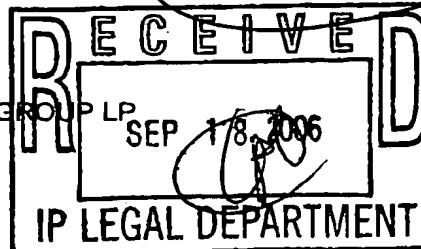
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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY.DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/516,480	10/05/2005	3731	950	2134CONCIPPCUS	5	17	2

50855
 UNITED STATES SURGICAL,
 A DIVISION OF TYCO HEALTHCARE GROUP LP
 195 MCDERMOTT ROAD
 NORTH HAVEN, CT 06473

PG



CONFIRMATION NO. 2853 ✓
 CORRECTED FILING RECEIPT

DC0000000020411739*

Date Mailed: 09/13/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt Incorporating the requested corrections (if appropriate).

Applicant(s)

✓ Steven P Buysse, Longmont, CO;
 ✓ Kate R Lawes, Lafayette, CO;
 ✓ Dale F Schmaltz, Fort Collins, CO;
 ✓ Michael J Lands, Louisville, CO;

✓ S. Wade Fukianow
 ✓ Kristin D. Johnson

Gary M. Couture
 Lap P. Nguyen

Power of Attorney: The patent practitioners associated with Customer Number 50855.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/US03/17335 06/03/2003 ✓

Foreign Applications

If Required, Foreign Filing License Granted: 09/13/2006

The country code and number of your priority application, to be used for filing abroad under the Paris Convention, is US10/516,480

Projected Publication Date: Not Applicable

Non-Publication Request: No

Early Publication Request: No

Attorney's Docket No.2134CONCIPPCTUS (203-2402CONCIPPCTUS)

PATENT

COMBINED DECLARATION AND POWER OF ATTORNEY(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL,
DIVISIONAL, CONTINUATION OR CIP)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATIONThis declaration is of the following type: (*check one applicable item below*)

- original
- design
- supplemental

NOTE: If the declaration is for an International Application being filed as a divisional, continuation or continuation-in-part application do not check next item; check appropriate one of last three items.

- national stage of PCT

NOTE: If one of the following 3 items apply then complete and also attach ADDED PAGES FOR DIVISIONAL, CONTINUATION OR CIP.

- divisional
- continuation
- continuation-in-part (CIP)

INVENTORSHIP IDENTIFICATION

WARNING: If the inventors are each not the inventors of all the claims an explanation of the facts, including the ownership of all the claims at the time the last claimed invention was made, should be submitted.

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled:**LAPAROSCOPIC BIPOLAR ELECTROSURGICAL INSTRUMENT**

SPECIFICATION IDENTIFICATION

the specification of which: (complete (a), (b) or (c))

(a) is attached hereto.

(b) was filed on 11/30/2004 as Serial No. 10/516,480 or Express Mail No., as Serial No. not yet known _____ and was amended on _____ (if applicable).

NOTE: Amendments filed after the original papers are deposited with the PTO which contain new matter are not accorded a filing date by being referred to in the declaration. Accordingly, the amendments involved are those filed with the application papers or, in the case of a supplemental declaration, are those amendments claiming matter not encompassed in the original statement of invention or claims. See 37 C.F.R. 1.67.

(c) was described and claimed in PCT International Application No. PCT/US03/17335 filed on June 3, 2003 and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56, and

in compliance with this duty there is attached an information disclosure statement in accordance with 37 C.F.R. §1.98.

PRIORITY CLAIM (35 U.S.C. §119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) no such applications have been filed.(e) such applications have been filed as follows.

NOTE: Where item (c) is entered above and the International Application which designated the U.S. itself claimed priority check item (e), enter the details below and make the priority claim.

**A. PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION
AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119(a)-(d)**

COUNTRY (OR INDICATE IF PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
(35 U.S.C. §119(e))**

I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER**FILING DATE**

**ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

NOTE: If the application filed more than 12 months from the filing date of this application is a PCT filing forming the basis for this application entering the United States as (1) the national stage, or (2) a continuation, divisional, or continuation-in-part, then also complete ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CIP APPLICATION for benefit of the prior U.S. or PCT application(s) under 35 U.S.C. §120.

POWER OF ATTORNEY

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

ALL ATTORNEYS AND REGISTERED PRACTITIONERS ASSOCIATED WITH THE UNITED STATES PATENT AND TRADEMARK OFFICE, CUSTOMER NO. 50855.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:
(Name and telephone number)**Mark Farber, Esq.**

UNITED STATES SURGICAL, **(303) 530-6572**
a Division of Tyco Healthcare Group LP
150 Glover Avenue
Norwalk, CT 06856

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

NOTE: Carefully indicate the family (or last) name as it should appear on the filing receipt and all other documents.

Full name of **sole or first inventor** Steven P. Buysse

Inventor's signature Steven Paul Buysse Date 8/25/05
Country of Citizenship US Residence Longmont, CO USA
Post Office Address 741 Rider Ridge Drive, Longmont, CO 80501 USA

Full name of **second joint inventor, if any** Kate R. Lawes

Inventor's signature Kate R. Date 8/25/05
Country of Citizenship UK Residence Lafayette, CO USA
Post Office Address 357 Elk Trail, Lafayette, CO 80026 USA

Full name of **third joint inventor, if any** Dale F. Schmaltz

Inventor's signature Dale F. Schmaltz Date 8/25/05
Country of Citizenship US Residence Fort Collins, CO USA
Post Office Address 2319 Westview Road, Fort Collins, CO 80524 USA

Full name of **fourth joint inventor** Michael J. Lands

Inventor's signature Michael J. Lands Date 8/26/05
Country of Citizenship US Residence Louisville, CO USA
Post Office Address 176 Cherrywood Lane, Louisville, CO 80027 USA

**CHECK PROPER BOX(ES) FOR ANY OF THE FOLLOWING
ADDED PAGE(S) WHICH FORM A PART OF THIS DECLARATION**

Signature for subsequent joint inventors.
Number of pages added 1.

Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor.
Number of pages added .

Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. §1.47.
Number of pages added .

Added pages to combined declaration and power of attorney for divisional, continuation, or continuation-in-part (CIP) application.
Number of pages added .

Authorization of attorney(s) to accept and follow instructions from representative.

If no further pages form a part of this Declaration then end this Declaration with this page and check the following item.

This declaration ends with this page.

**ADDED PAGE TO COMBINED DECLARATION AND POWER OF ATTORNEY
FOR SIGNATURE BY FIFTH AND SUBSEQUENT INVENTORS**

Full name of **fifth joint inventor** S. Wade Lukianow

Inventor's signature S. Wade Lukianow Date 8/24/2005
Country of Citizenship Canada Residence Nederland, CO USA
Post Office Address 27036 Boulder Canyon Dr., Nederland, CO 80466 USA

Full name of **sixth joint inventor**, if any Kristin D. Johnson

Inventor's signature K.D. Johnson Date 8/24/05
Country of Citizenship US Residence Louisville, CO USA
Post Office Address 856 Trail Ridge Drive, Louisville, CO 80027 USA

Full name of **seventh joint inventor**, if any Gary M. Couture

Inventor's signature Gary M. Couture Date 8/24/05
Country of Citizenship US Residence Longmont, CO USA
Post Office Address 51 21st Avenue, Unit 36, Longmont, CO 80501 USA

Full name of **eighth joint inventor**, if any Lap P. Nguyen

Inventor's signature Lap P. Nguyen Date 8/24/05
Country of Citizenship US Residence Longmont, CO USA
Post Office Address 1167 Trout Creek Circle, Longmont, CO 80501 USA

Full name of **ninth joint inventor** _____

Inventor's signature _____ Date _____
Country of Citizenship _____ Residence _____
Post Office Address _____

*** RX REPORT ***

RECEPTION OK

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